



Paul R. LePage  
GOVERNOR

STATE OF MAINE  
BOARD OF LICENSURE  
FOR  
PROFESSIONAL ENGINEERS  
92 STATE HOUSE STATION  
AUGUSTA, MAINE  
04333-0092

Dr. Donald A. Grant, P.E., CHAIR  
ORONO, ME  
Warren T. Foster, P.E., EXECUTIVE DIRECTOR

## APPLICATION FOR TEMPORARY CERTIFICATE

Date \_\_\_\_\_

I, \_\_\_\_\_ hereby apply for a Temporary Certificate to practice or offer to practice the profession of Engineering in the State of Maine for the following period(s). (Not to exceed 30 consecutive days in any calendar year): Indicate dates required below.

\_\_\_\_\_  
(ALLOW TEN DAYS FOR PROCESSING)

The proposed project is described and located as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_.

The name and phone number of the company or person you are providing the services for:

\_\_\_\_\_  
\_\_\_\_\_ Phone # \_\_\_\_\_

This request is made in accordance with the Rules and Regulations of the State Board of Licensure for Professional Engineers and with the Revised Statutes of Maine, 1964, Title 32, chapter 19, Sub chapter I, Section 1255.

I enclose a check ☐ , money order ☐ , in the amount of \$100.00 (U.S. Funds) to cover the fee, payable to TREASURER, STATE OF MAINE.

### I. GENERAL INFORMATION

1. Name (as desired on Temporary Certificate) \_\_\_\_\_

2. Business Address \_\_\_\_\_  
(Name of employer)

(Mailing address) \_\_\_\_\_ (City or Town ) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

3. Residence \_\_\_\_\_  
(Mailing address) \_\_\_\_\_ (City or Town ) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

4. Citizen of \_\_\_\_\_

(continued on next page)

Office Location: Olde Federal Building, 295 Water Street, 2nd Floor, Suite 207, Augusta, ME 04330

PHONE: (207) 287-3236  
E-MAIL: pengineers@prexar.com

FAX: (207) 287-3239  
www.maine.gov/professionalengineers/

5. State or Province in which licensed as a Professional Engineer \_\_\_\_\_.

Date of Licensure \_\_\_\_\_. License #: \_\_\_\_\_.

6. Qualified for registration/licensure as follows:

- ☐ 1. Exemption (grandfather clause).
- ☐ 2. Examination of qualifications without oral or written examination.
- ☐ 3. Oral examination.
- ☐ 4. Written examination, 8 hours in Fundamentals of Engineering ; 8 hours in Principles and Practice of Engineering.
- ☐ 5. Other (explain in detail) \_\_\_\_\_  
\_\_\_\_\_.

7. Applicants Fax # \_\_\_\_\_ Phone # \_\_\_\_\_

## II. EDUCATION

1. Name of Institution \_\_\_\_\_

Years Attended \_\_\_\_\_

Graduation Date \_\_\_\_\_

2. Courses completed or degree achieved \_\_\_\_\_

I have read the contents hereof and clearly understand that the correctness and truth of my statements as recorded in this application are material to the issuance of the Temporary Certificate to practice or offer to practice the profession of engineering as applied for.

\_\_\_\_\_  
(Signature of Applicant)

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
(Name of Applicant ) of \_\_\_\_\_  
(City or Town)

State of \_\_\_\_\_, being duly sworn, says that \_\_\_\_\_ is the person named in the above application to the Maine State Board of Licensure for Professional Engineers and that the statements therein contained are each and all strictly true in every respect.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ Year \_\_\_\_\_

Seal/Stamp \_\_\_\_\_  
Notary Public Justice of the Peace

### ***ALLOW TEN DAYS FOR PROCESSING***

Mail to: Professional Engineers, 92 State House Station, Augusta, Maine 04333

Delivery Address: Professional Engineers, Olde Federal Build., 295 Water Street, 2nd Floor, Suite 207, Augusta, ME 04330